MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036602

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 447

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 7005
2 3188
3 2
4 0
5 0
6
7 0
8 1
9 X
10
11 20
12 1-3
13 10

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF / DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED OCT 4 1963

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Independence
Length of stay in 1b: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Independence Sanitarium
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 1025 Bales
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: James Middle: Kim Last: Breshears

4. DATE OF DEATH: Month: September Day: 30 Year: 1963

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 10-7-1957

9. AGE (last birthday): 5
IF UNDER 1 YEAR: Months: Days:
IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Youth

10b. KIND OF BUSINESS OR INDUSTRY: Mouth

11. BIRTHPLACE (City and state or country): Kansas City, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: James Alber Breshears

13b. MOTHER'S MAIDEN NAME: Wanda Jo Broyles

14. NAME OF HUSBAND OR WIFE: Never Married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi: No None

17. INFORMANT Address: Breshears James Albert Breshears Kansas City, M

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Subdural Hemorrhage + Fracture of Left arm
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Struck by a car

20c. TIME OF INJURY: Hour ~~a.m.~~ p.m. 5:15 (Month, Day, Year) 9-29-63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street

20f. CITY, TOWN, OR LOCATION: Independence COUNTY: Jackson STATE: Mo

21. I attended the deceased from ____ to ____ and last saw her/him alive on ____
Death occurred at ____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title): Earl C. Scaffy Asst. Deputy Coroner

22b. ADDRESS: 6627 Prospect KCMo

22c. DATE SIGNED: 9-30-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 10-1-1963

23c. NAME OF CEMETERY OR CREMATORY: Spring Branch Cemetery

23d. LOCATION (City, town, or county) (State): Warsaw, Mo.

24. FUNERAL DIRECTOR ADDRESS: Roland R. Speaks Independence, Mo.

25. DATE RECD. BY LOCAL REG.: 10-1-63

26. REGISTRAR'S SIGNATURE: Alba L. Craig

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Roland R. Blakeslee

Licensed Embalmer No. 3604

P. O. Address Sudbury, Mass.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

10-1-63